

**PLEASE NOTE: UEF DOES NOT WAIVE ANY JURISDICTIONAL DEFECT  
BY ITS POSSIBLE FAILURE TO NOTE IT BELOW.  
THIS FORM IS FOR THE CONVENIENCE OF THE PARTIES ONLY.**

**IDENTIFICATION OF EMPLOYER DEFENDANT**

- \_\_\_\_\_ Business name insufficient identification
- \_\_\_\_\_ Misnaming or ambiguous naming of defendant
- \_\_\_\_\_ Not all employers identified

**FAILURE TO ESTABLISH NON INSURANCE**

- \_\_\_\_\_ WCIRB report on wrong employer
- \_\_\_\_\_ WCIRB report does not refer to date of injury
- \_\_\_\_\_ WCIRB report inadequate for CT
- \_\_\_\_\_ Insurance Exists

**DEFECT IN SERVICE DOCUMENTS**

- \_\_\_\_\_ Application without identification number
- \_\_\_\_\_ Name on Special Notice not match application
- \_\_\_\_\_ Application not preceded by service of Notice of Claim (Post 1990)

**DEFECTIVE SERVICE**

- \_\_\_\_\_ Address of service not match Special Notice or Application
- \_\_\_\_\_ No proof that location of service was current address (business or residence) of defendant
- \_\_\_\_\_ No proof that person served was authorized
- \_\_\_\_\_ No proof that location of service is office of agent
- \_\_\_\_\_ Improper use of service by mail to effect POPS in State
- \_\_\_\_\_ Substitute service on defendant wrong type
- \_\_\_\_\_ No declaration of due diligence
- \_\_\_\_\_ No follow-up service by mail (Substitute Service)
- \_\_\_\_\_ Service by publication not in compliance with Judicial Council guidelines

**DEFECTIVE RETURN OF SERVICE**

- \_\_\_\_\_ Not all necessary documents served
- \_\_\_\_\_ Return not on Judicial Council forms or equivalent
- \_\_\_\_\_ "Notice To Person Served" inadequate or missing
- \_\_\_\_\_ Failure to serve multiple defendants separately

**DUE PROCESS FAILURES**

- \_\_\_\_\_ Failure to serve D/R on both employer and UEF
- \_\_\_\_\_ Failure to serve in advance med reports and liens on both employer and UEF
- \_\_\_\_\_ Failure to serve UEF in advance with proof of service on employer
- \_\_\_\_\_ Failure to give employer notice of hearing at best available address

**DISCOVERY**

- \_\_\_\_\_ Failure to respond to UEF letter requesting information, dated \_\_\_\_\_.
- \_\_\_\_\_ UEF needs further discovery as follows for the following reason:

\_\_\_\_\_ OTHER

## SOME USEFUL CONTACTS TO IDENTIFY EMPLOYERS

### **Trucking Firms**

Department of Motor Vehicles  
Motor Carrier Permit Branch  
P O Box 932370 - MS G875  
Sacramento CA 94232-8153  
(916) 657-8153

### **Limousine Companies**

Public Utilities Commission  
License Section  
505 Van Ness, #2104  
San Francisco, CA 94102  
(415) 703-2063

### **U S Department of Transportation database of registered motor carriers:**

<http://www.safersys.org>

### **Liquor Stores, Restaurants, Bars**

**Clerk's Office** – to obtain any FBNS filed. Letter needs to be sent to County Clerk.

Orange County Clerk Recorder  
12 Civic Center Plaza  
Santa Ana CA 92702

**City Business License Office** - All cities have one

### **Department of Alcoholic Beverage Control**

District Office  
28 Civic Center Plaza, Room 369  
Santa Ana, CA 92701  
(714) 558-4101

**Secretary of State** to find out if employer is a corporation, or limited liability company

1500 Eleventh St., 3<sup>rd</sup> Floor  
Sacramento CA 95814-5701

You need to send original and 2 copies.

**Board of Equalization** ( Have information on Sales tax)

450 N Street  
Sacramento CA 95814  
(800) 400-7115

**Department of Consumer Affairs** (Licensing Agency. They license all professions except attorneys)

400 R Street  
Sacramento CA 95814

(800) 952-5210

District office in Orange County is located at:  
1561 E. Orangethorpe Avenue, #220  
Fullerton CA 92631  
(714) 680-7851

### **CONSTRUCTION**

#### **Contractors' State License Board**

9835 Goethe Road  
Sacramento CA 95814  
You need to send subpoena to get copy of file

District office in Santa Ana is located at:  
28 Civic Center Plaza, Room 351  
Santa Ana CA 92701  
(714) 558-4086

#### **City Building Permit**

If city is independently incorporated, it will have its own city building department. If not, check with county.

#### **Hall of Administration (Property Check)**

Each county has one.

#### **Franchises**

First thing is to contact Franchiser

## **ESTABLISHING INSURANCE COVERAGE**

Workers Compensation Insurance Rating Bureau  
525 Market St., Suite 800  
San Francisco CA 94105-2761  
You must use the **exact** name and address(-es).